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N THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant

Alan R. Hirsch

Seria MOEMARY

09/211,507

Filing Date

December 14, 1998

For

USE OF ODORANTS TO ALTER BLOOD FLOW TO THE VAGINA

Group Art Unit:

1651

Examiner

C. Tate

Docket No.

INS-31061

Confirmation No.:

9827

# CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10

I hereby certify that, on the date shown below, this correspondence is being:

#### Mailing

deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231

37 CFR 1.8(a)

37 CFR 1.10

□ with sufficient postage as first class mail ■ As "Express Mail Post Office to Addressee" Mailing Label No. EL609566749US

Transmission

☐ transmitted by facsimile to Fax No\_\_\_\_ addressed to Examiner

addressed to Examiner \_\_\_ at the Patent and Trademark Office.

Date: Une 3,2002

Kristine M Stiedthoff

Assistant Commissioner for Patents Washington, D.C. 20231

## **TRANSMITTAL**

1. Transmitted herewith is:

Response (with cited references)

Replacement sheets for Claims

Redline version of Claims

Check in the amount of \$200.00 (fee for Extension of Time)

Return Postcard

## **STATUS**

2. Applicant is a small entity.

06/07/2002 ZJUHAR1 00000074 09211507

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- 3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.
  - [ ] Applicant believes that no extension of term is required. However, if an extension of time is required, please consider this a petition therefor.
  - [X] Applicant petitions for an extension of time under 37 C.F.R. '1.136 for the total number of months checked below [fees: 37 C.F.R. '1.17(a)(1)-(4)]:

	Extension	Fee f	or other than	Fee fo	or
	(months)	<u>small</u>	entity	<u>small</u>	entity
[ ]	one month	\$	110.00	\$	55.00
[X]	two months	\$	400.00	\$	200.00
[ ]	three months	\$	920.00	\$	460.00
[ ]	four months	\$	1,440.00	. \$	720.00

Fee: **\$200.00** 

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Claims Remaining After Amendment		Highest No. Previously Paid For		Rate (Small Entity)	Additional Fee or	Rate (Large Entity)	Additional Fee
Total	Minus		=	x 9=\$	\$	x 18	\$
Independent	Minus		=	x 39= \$	\$	x 84	\$

	FIRST	PRESENT	ATION OF	MULTIPI	E DEP	CLAIM
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	TOTAL ADDIT. Fee \$	or	TOTAL ADDIT. Fee §
c. [X]	No additional fee for claims is required.		
d.[]	Total additional fee for claims required \$		

### FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 23-2053. If any additional fee for claims is required, charge Account No. 23-2053.

Date: June <u>3</u>, 2002

Kristine M. Strodthoff Reg. No. 34,259

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